

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094782

1. Entity Name

FLORIDA ROOF PRO INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90362 021 ***150.00

Principal Place of Business

1818 SW 31 AVENUE
HALLNDALE FL 33009
US

Mailing Address

1818 SW 31 AVENUE
HALLNDALE FL 33009
US

2. Principal Place of Business

612 NW 135 TERR

Suite, Apt. #, etc.

3. Mailing Address

612 NW 135 TERR

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33325

Country

US

City & State

Plantation FL

Zip

33325

Country

US

4. FEI Number

65-0789467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAIFMAN, SUSAN B
1818 SW 31 AVENUE
HALLNDALE FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SAIFMAN, MICHAEL
STREET ADDRESS 2701 NW 108TH AVE.
CITY-ST-ZIP SUNRISE FL 33322

TITLE DST ☐ Delete
NAME SAIFMAN, SUSAN B
STREET ADDRESS 1818 SW 31 AVENUE
CITY-ST-ZIP HALLNDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Saifman Susan Saifman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 954 838-9833
Date Daytime Phone #

0488596

CR2E034 (10/00)